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Medical Examinations By Last Name

Civil War

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10-9-1861

Richardson, John C.

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *John C. Richardson*, age *29*, occupation  
*Farmer*, born in *Mount Desert*

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *None*
2. Have you any disease of throat, or difficulty of utterance? *Has none*
3. Have you any disease of Lungs or Heart? *None*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *None*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *Sound in all these particulars*
6. Have you been vaccinated within seven years? *Has not*

REMARKS.

DATE: *Ellsworth Oct. 9, 1861*

RENDEZVOUS: *Ellsworth*

~~Examining Surgeon~~  
*P. B. Perry, Recruiting Officer*